

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09644498

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		1				
2							52		1				
3							53		1				
4							54		1				
5							55		1				
6							56		1				
7							57	1					
8							58		1				
9							59		1				
10							60	1					
11							61		1				
12	1						62		1				
13							63		1				
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
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25							75						
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27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36	1						86						
37		1					87						
38	1						88						
39	1						89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49	1						99						
50		1					100						
TOTAL IND.							TOTAL IND.	8					
TOTAL DEP.							TOTAL DEP.	55					
TOTAL CLAIMS							TOTAL CLAIMS	63					